

10/6/31 909

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE			
						CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP				
1	/		/				51			
2	/		/				52			
3	/		/				53			
4	/		/				54			
5	/		/				55			
6	/		/				56			
7	/		/				57			
8	/		/				58			
9	/		/				59			
10	/		/				60			
11	/		/				61			
12	/		/				62			
13	/		/				63			
14	/		/				64			
15	/		/				65			
16	/		/				66			
17	/		/				67			
18	/		/				68			
19			/				69			
20			/				70			
21			/				71			
22			/				72			
23							73			
24							74			
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26							76			
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37							87			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		4				TOTAL IND.			
TOTAL DEP.	16	→	18	→			TOTAL DEP.			
TOTAL CLAIMS	16	████████	28	████████			TOTAL CLAIMS	████████	████████	